

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 01/22/2004

BRENDA HERSCHBACH JARRELL, PH.D.  
CHOATE, HALL AND STEWART  
53 STATE STREET  
EXCHANGE PLACE  
BOSTON, MA 02109

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

KATHY HAET GAGNON	(Depositor's name)
Kathy Haet gagnon	(Signature)
April 9 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/428,692	10/28/1999	DANIEL B. CARR	2004117-0002	4992

TITLE OF INVENTION: NOVEL CHIMERIC ANALGESIC PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANDSMAN, ROBERT S	1647	530-402000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Brenda Herschbach Jarrell,  
Nadège M. Lagneau, Ph.D.,  
Choate, Hall & Stewart

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
The New England Medical Center Hospitals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
750 Washington Street, Boston, MA 02111

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee \$665.00

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. (\$665.00) + \$30 = \$695.00

Publication Fee 10 x \$3 = \$30

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies \_\_\_\_\_

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1721 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

• (Authorized Signature)  (Date)

Nadège M. Lagneau, Ph.D. April 9, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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04/13/2004 MBERHE1 00000186 09428692

01 FC:2501

665.00 OP

02 FC:8001

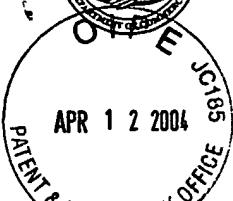
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TRANSMIT THIS FORM WITH FEE(S)

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UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
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www.uspto.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

01/22/2004

MARINA HERSCHBACH JARRELL, PH.D.  
CHOATE, HALL AND STEWART  
53 STATE STREET  
EXCHANGE PLACE  
BOSTON, MA 02109

*PSSue Fee*  
**Docketed**  
**Due 4-22-04**

EXAMINER

LANDSMAN, ROBERT S

ART UNIT

PAPER NUMBER

1647

DATE MAILED: 01/22/2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/428,692	10/28/1999	DANIEL B. CARR	2004117-0002	4992

TITLE OF INVENTION: NOVEL CHIMERIC ANALGESIC PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/22/2004

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status is changed, pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above and notify the United States Patent and Trademark Office of the change in status, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check the box below and enclose the PUBLICATION FEE and 1/2 the ISSUE FEE shown above.

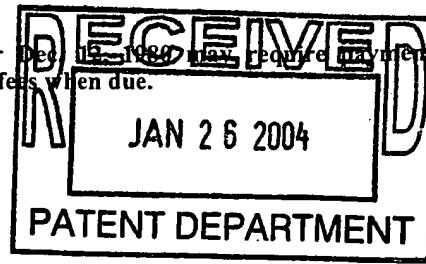
Applicant claims SMALL ENTITY status.

See 37 CFR 1.27.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 15, 1984 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.





**ATTORNEY'S DOCKET NO.: 2004117-0002 (NEMC 197)**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Carr, *et al.*      Examiner: Landsman, R.S.  
Serial No.: 09/428,692      Group Art Unit: 1647  
Filed: October 28, 1999  
For: NOVEL CHIMERIC ANALGESIC PEPTIDES

Mail Stop: Issue Fee  
Commissioner of Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

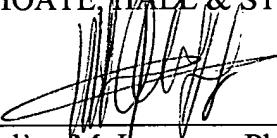
**TRANSMITTAL**

In response to the Notice of Allowance and Fee(s) Due mailed January 22, 2004 for the above-identified patent application, enclosed are:

1. Copy of Notice of Allowance and Fee(s) Due (page 1) verifying small entity status (1 page);
2. Part B – Fee(s) Transmittal (1 page);
3. Two checks totaling \$695.00 representing the Issue Fee for *small* entity (\$665.00) and ten (10) soft copies (\$30); and
4. Return Postcard.

Please charge any fees or credit any overpayments to our Deposit Account No. 03-1721.

Respectfully submitted,  
CHOATE, HALL & STEWART

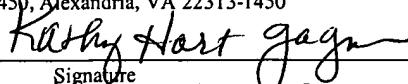
  
\_\_\_\_\_  
Nadège M. Lagneau, Ph.D.  
Registration No. 51,908

Date: April 9, 2004

PATENT GROUP  
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Fax: (617) 248-4000

**Certificate of Mailing**  
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date April 9, 2004

  
\_\_\_\_\_  
Signature  
KATHY HART GAGNON  
\_\_\_\_\_  
Typed or Printed Name of person signing certificate